

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/889186 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4	(1)					
5	(1)					
6	(1)					
7	(1)					
8	(1)					
9	(1)					
10	(1)					
11	(1)					
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50						
TOTAL IND.	2					
TOTAL DEP.	14	↓	↓	↓	↓	↓
TOTAL CLAIMS	16	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

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TOTAL IND.			
TOTAL DEP.		↓	↓
TOTAL CLAIMS		[REDACTED]	[REDACTED]

BEST AVAILABLE COPY